



Gloucestershire County Council
EDUCATION COMMITTEE

Annual Report
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1955

GEO. F. BRAMLEY
Principal School Medical Officer

RECEIVED BY THE
MEDICAL OFFICER
HEALTH DEPARTMENT

GLOUCESTERSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

HEALTH DEPARTMENT,
BERKELEY HOUSE,
BERKELEY STREET,
GLOUCESTER.
April, 1956.

To the Chairman and Members of the
Education Committee.

SIR, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the School Health Service for the year 1955. Several changes occurred in the medical staff but by September a full staff was available again. As a result time available for medical inspections was lost. Nevertheless, more children were examined than in the previous year. Of the children seen fewer required treatment and there was an increase in the average weight. These facts confirm general impressions that the general health showed improvement. Unfortunately, the reverse appears to be the position so far as concerns dental decay.

Vaccination against tuberculosis by B.C.G. got off to a good start during the year by 1,911 children being vaccinated. B.C.G. is only available for children of 13 years of age under this scheme and acceptances were considered satisfactory. This work was done without interference with other school medical activities. It is only in 1956 that the results of the Medical Research Council's B.C.G. trials have been published. They confirm the expected high hopes that the vaccine confers a substantial degree of protection against tuberculosis.

Protection by vaccination and immunisation is taking a larger place in school medical work year by year; the number of school children immunised against diphtheria grows.

An important feature of 1955 was the further development of schemes for special schools for the educationally sub-normal child. By the end of the year 481 children had been assessed as in need of special school accommodation but had not been placed despite the increased places made available by the opening of the day school in Cheltenham. The schools to be provided in the Forest of Dean and in the south of the County are urgently needed. The number assessed each year will probably show some decline over the next three years because the long waiting list which accumulated has now been reduced to workable proportions.

It is pleasing to report that the waiting lists for other handicapped school children have now been reduced as more special schools have been opened. There is still difficulty, however, and long delay in placing a child who has two or more types of handicap.

As regards treatment of children found with a defect at medical inspections, there have been few difficulties and the arrangements working through general practitioners to hospital have worked well. The difficulties are almost wholly related to securing appointments with ophthalmologists. A larger number of children (mainly due to the increasing number of children in schools) have been found with defects of vision. The ophthalmologists have made arrangements to see more children and by the end of the year the waiting lists had been reduced.

The recognition of hearing defects is much easier with the use of the pure tone audiometer which came into use during the year. A greater interest is being taken in earlier ascertainment of hearing defects with the recognition of the fact that if a small degree of hearing is present it can be preserved and with the use of a hearing aid and lip reading a child can be taught as a hearing child with marked psychological benefit. The hearing assessment clinic which has been opened at the Gloucestershire Royal Hospital promises to be a great boon.

The School Dental Service was still not fully staffed in 1955 but the position was slightly better than in the previous year. There is still a lot of work to be done to catch up on the backlog which accumulated five or six years ago when the number of dentists employed by the Council fell to four. The most disturbing fact is, however, that the teeth of children now reveal not only neglect of treatment but that the average child has more carious teeth than his predecessors. The general consensus of opinion is that this is due to the greater consumption of sticky sweets. Mr. Smyth reports on this subject and many other interesting and vital matters. Progress has been made in improving and providing dental clinics.

The School Health Service in Gloucestershire is comprehensive and some idea of the mass of work which is accomplished will be appreciated in reading the following pages. I am indebted to all the staff for their hard work, the Committee and its Officers, Head Teachers and their staff for their support and help. To my Deputy who has undertaken a large responsibility in this service, I am especially indebted.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,
Principal School Medical Officer.

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STAFF
as at 31st December, 1955

PRINCIPAL SCHOOL MEDICAL OFFICER
G. F. BRAMLEY, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER
W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER
C. L. SHARP, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS

K. J. ADAMS, M.R.C.S., L.R.C.P., D.P.H.

KATHARINE E. M. ALLEN, M.A., M.R.C.S., L.R.C.P.

D. P. BRUNTON, M.B., Ch.B., D.P.H.

CATHERINE E. HIGNELL, M.R.C.S., L.R.C.P.

MARY P. S. SEACOME, M.A., B.M., B.Ch.

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

P. J. SPELLER, M.B., Ch.B., D.P.H.

W. J. D. COOPER, M.B., B.Ch., D.P.H.

A. T. HUNT, M.B., B.S., D.P.H.

S. KNIGHT, M.B., B.S., D.P.H.

W. A. KNOX, M.B., B.Ch., B.A.O., D.P.H.

M. L. SUTCLIFFE, T.D., M.R.C.S., L.R.C.P., D.P.H., D.P.M.

} Also District
Medical
Officers of
Health

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER
T. O. P. D. LAWSON, M.D., D.P.H., D.R.C.O.G.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS
E. P. GRIFFITHS, M.R.C.S., L.R.C.P., D.C.H., D.R.C.O.G.,
D.P.H.

BRENDA G. KING, M.B., B.S.

} Cheltenham
Excepted
District

PRINCIPAL SCHOOL DENTAL OFFICER
J. F. A. SMYTH, L.D.S.

DENTAL OFFICERS

D. N. DE GRUYTHIER, L.D.S.

W. M. ELLIS, L.D.S.

L. K. JAMES, B.D.S.

H. T. JONES, L.D.S. (part-time)

MISS M. S. MACKINNON, L.D.S.

F. MCGONIGAL, L.D.S., D.D.O.

J. A. MCPHAIL (part-time)

R. B. MYCOCK, L.D.S.

MRS. H. NOBLE, B.D.S. (part-time)

J. P. B. PENGELLY, L.D.S.

MISS K. PLATT, L.D.S.

MRS. J. M. POPPLEWELL, L.D.S. (part-time)

MRS. D. W. SQUIRES, L.D.S.

D. A. THOMAS, L.D.S.

D. J. S. WATERHOUSE, L.D.S.

A. J. LANE, L.D.S.

A. W. MCCARTHY, L.D.S. } Cheltenham Excepted District

DENTAL HYGIENIST
MRS. W. E. JUDD

DENTAL ATTENDANTS—14 full-time ; 2 part-time

CHILD GUIDANCE

PSYCHIATRISTS—K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time)
(One whole-time vacancy)

PSYCHOLOGISTS—I. C. MACLACHLAN, M.A.
R. F. FREYMAN, B.A.

PSYCHIATRIC SOCIAL WORKER—MISS D. HILL, B.A.
(One vacancy)

HEALTH VISITORS AND SCHOOL NURSES

MISS E. K. N. CUMMING (Superintendent)

MISS F. FORTNAM (Deputy Superintendent)

54 HEALTH VISITORS (Equivalent of 19 School Nurses)

SCHOOL NURSES—3 (Cheltenham Excepted District)

DISTRICT NURSES (Part-time Health Visitors)—46 (Equivalent of 5.1 School Nurses)

SPEECH THERAPISTS—5

ORTHOPAEDIC AFTER-CARE SISTERS—5 (1 part-time)

EAR, NOSE AND THROAT SURGEONS—4

OPHTHALMIC SURGEONS—6

ORTHOPAEDIC SURGEONS—4

} part-time, Regional Hospital Board

ADMINISTRATIVE STAFF

F. B. WILTON

W. ROBERTS

STATISTICS OF THE COUNTY

AREA (in acres)	URBAN	24,179	
	RURAL	749,131	
		<hr/>	773,310

POPULATION—R.G. Estimate Mid. 1955

	URBAN	149,600	
	RURAL	299,800	
		<hr/>	449,400

NUMBER OF SCHOOLS AND CHILDREN IN ATTENDANCE

GLOUCESTERSHIRE

	No. of Schools	Average No. on Registers
1. PRIMARY	329	39,023
2. SECONDARY		
(a) Grammar, including bi-lateral	17	6,705
(b) Modern, including Technical	32	11,572
3. SENIOR AND JUNIOR TECHNICAL (including Art)	8	745
	<hr/>	<hr/>
	386	58,045

CHELTENHAM EXCEPTED DISTRICT

1. PRIMARY	24	6,476
2. SECONDARY		
(a) Grammar	2	1,346
(b) Modern, including Technical	6	2,585
	<hr/>	<hr/>
	32	10,407
	<hr/>	<hr/>
Grand Total	418	68,452
	<hr/>	<hr/>

SCHOOL MEDICAL INSPECTIONS

The assessment of the condition of pupils at routine and other inspections continued throughout the year. There were 30,374 periodic medical inspections and 10,748 special and re-inspections carried out compared with 30,000 and 11,124 respectively in 1954. These figures refer to pupils on the registers of maintained and assisted primary and secondary schools.

Periodic Medical Inspections - Number Inspected

		<i>First Age Group</i>	<i>Second Age Group</i>	<i>Third Age Group</i>	<i>Total</i>	<i>Additional Periodic Inspections</i>	<i>Grand Total</i>
Boys	...	3,772	5,281	2,819	11,872	3,601	15,473
Girls	...	3,612	5,117	2,778	11,507	3,394	14,901
Totals	...	7,384	10,398	5,597	23,379	6,995	30,374

Other Medical Inspections—Number Inspected

			<i>Special Inspections</i>	<i>Re-inspections</i>	<i>Total</i>
Boys	...	...	216	4,474	4,690
Girls	...	...	209	4,116	4,325
Total	...	...	425	8,590	9,015
Excepted District	...		1,458	275	1,733
Totals	...	...	1,883	8,865	10,748

Children are examined :—

- (a) on entry for the first time to a maintained school ;
- (b) during the year in which they are 8 years old ;
- (c) during the year in which they are 10 years old ;
- (d) after entry to a secondary school when they are 12 years old and
- (e) in the last year of their attendance at a secondary school.

These examinations, apart from that at the age of 8 years, are full routine medical inspections. At 8 years of age the inspection is directed specifically to finding defects in vision, in the ears, the nose and the throat. More formal education has been introduced to children in advance of this age period. This enables them to co-operate more fully in the examination and more important, it has created conditions where any defect of sight or hearing may be a serious handicap. Special examinations provide for pupils absent at the regular inspections and include children examined by special request.

Findings at Medical Inspections

Details of the specific defects found at examinations during the year under review are recorded in the several tables required annually by the Ministry of Education, and these will be found at the end of this report.

In these tables the figures recorded give no indication of the severity of the various abnormal conditions found. This may vary from a minimal deviation from the normal requiring only observation, to obvious illness or deformity for which urgent treatment is required.

Excluding dental disease and uncleanness, a total in the whole County was found of 4,715 individual pupils who had one or more defect requiring treatment. A further 13,368 defects were noted as requiring observation.

Pupils Found to Require Treatment

<i>Age Group</i>	<i>For defective vision (excluding squint)</i>			<i>For any other con- dition mentioned in Table 11A</i>			<i>Total individual pupils</i>		
	<i>Boys*</i>	<i>Girls*</i>	<i>Total Whole County</i>	<i>Boys*</i>	<i>Girls*</i>	<i>Total Whole County</i>	<i>Boys*</i>	<i>Girls*</i>	<i>Total Whole County</i>
First	51	63	138	531	451	1,130	481	437	1,081
Second	165	239	627	478	595	1,323	561	705	1,705
Third	73	151	419	181	349	657	228	423	956
Total	289	453	1,184	1,190	1,395	3,110	1,270	1,565	3,742
Additional ...	121	117	329	372	295	778	429	362	973
Totals	410	570	1,513	1,562	1,690	3,888	1,699	1,927	4,715

*The individual figures for boys and girls do not include the Cheltenham Excepted District.

Since the war, with the proviso referred to above, at routine medical inspections the percentage of individual pupils found to require treatment for various conditions has, on average, been 19.6%. For the five years 1946–50 it was 20.4% and for the same period 1951–55 it was 18.8%. In 1953 it was 19.5% when the corresponding figure for England and Wales was 16.1%. Since 1951 there has been a steady fall each year from 22.2% to 15.5% in the year under review.

During the early days of school medical inspection, nearly fifty years ago, out of 100 children examined 10 had serious defects of vision, four had hearing defects, two suppurative ear disease, eight enlarged tonsils and adenoids requiring operation, 30 extensive dental decay, 40 were verminous, 1 had ringworm of the head, 1 tuberculosis and 1 heart disease. In this County now, 5 out of 100 children have defects of vision, just over 1 in 300 defects of hearing, 1 in 500 suppurative ear trouble, 2 in 100 have tonsils and adenoids requiring operation, 50 in 100 have dental decay, 2 in 100 are verminous (this might mean only a few nits up to extensive infestation, the latter

being infrequent), 1 in 10,000 ringworm, only 39 of all forms of tuberculosis were notified during 1955 in a school population of over 68,000 children, 1 heart disease in 10,000.

It will be apparent from the above that the number of children found to require treatment for physical defects has decreased in recent years, and that the severity of such defects found is less.

Defects at Medical Inspection

An examination of the defects and diseases found among 7,384 entrants to school at the age of 5 years emphasises the need for parents to make greater use of the Child Welfare Centre Services than they are making now.

Among 7,384 such children there are 1,081 or roughly 1 in 7 with abnormal conditions requiring treatment and approximately 1 in 3 with defects requiring observation. Accounting for the bulk of these conditions were defects of the nose and throat, mainly abnormal tonsils and adenoids. To a lesser extent, but present in an outstanding number of cases were defects of vision and squint. Next in order of frequency were skeletal deformities of variable degree including defects of posture and flat feet. The number of children with enlarged glands in the neck requiring observation was also considerable.

Some 14 children out of every 100 entering school require treatment for some abnormal condition which should, presumably, have been given treatment earlier, but the need had gone unrecognised. Regular attendance at a Child Welfare Centre would have overcome this difficulty. Again this need is the greater when it is appreciated that the other 86 children are by no means free from defects.

Defective Vision

At periodic inspection the total defects of vision found to require treatment and observation show an increase. The number of visual defects recorded as requiring treatment was 1,616 ; in 1954 it was 1,449. Those visual defects noted as requiring observation only were 2,633, being 2,275 the previous year. The recorded number of children requiring treatment for squint was 243 ; 175 in 1954. The number noted for observation only for squint was 395, a decrease of six over the previous year's figure. Defects of vision found other than squint or affecting visual acuity fell from 249 to 239 for those requiring treatment and from 334 to 308 in those requiring observation. In school-leavers among 4,474 children defects of vision requiring glasses accounted for the vast majority of abnormal conditions found.

Nose and Throat Defects

Six hundred and one children were reported as needing treatment and 2,389 as needing observation. These figures have both fallen from 796 and 2,600 respectively in 1954. In 1953 they were 890 and 3,010 respectively.

Ear Disease and Defective Hearing

The total number of children found to require treatment for otitis media has increased over the past three years from 52 in 1953 to 76 in 1954 and 99 in 1955. The corresponding figures for cases requiring observation only, in the same order, are 245, 239 and 324. Those children found to need treatment and observation for defective hearing were 172 and 550 respectively, an increase on the reported figures for the previous two years. Ear defects not in either of these two categories, 140 needing treatment and 196 requiring observation, show an increase in the former and a decrease in the latter. Concerning otitis media, the increasing evidence of this condition may possibly be the result of the germs concerned developing a greater resistance to the anti-biotic treatment now commonly employed.

General Condition of Pupils Examined at Periodic Medical Inspections

Age Groups	Number of pupils Inspected		A—Good		B—Fair		C—Poor	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
First ...	3,772	3,612	1,422	1,328	2,318	2,252	32	32
Second ...	5,281	5,117	1,888	1,991	3,366	3,106	27	20
Third ...	2,819	2,778	1,075	1,214	1,733	1,547	11	17
Total ...	11,872	11,507	4,385	4,533	7,417	6,905	70	69
Additional	3,601	3,394	1,270	1,140	2,322	2,241	9	13
Grand Total	15,473	14,901	5,655	5,673	9,739	9,146	79	82

The figures indicate that the high level of general well-being and nutrition of pupils has continued. It will be noted that the percentage of pupils whose general condition was assessed as "poor" was .5% in 1955 compared with .47% in the previous year and 1% in 1953. While the percentage of .5 is small, in terms of individuals 161 children were involved. Action to rectify the defect may require more than ordinary efforts on the part of all concerned before satisfactory progress is evidenced after the conditions have been made favourable to the child. Often the numerous and complex causes of poor general condition in children and the difficulties of overcoming them act as a barrier to further possible improvement in this generalised defect. The sincere co-operation of Housing and other authorities, of the Child Care Agencies, of Health Educationalists and others may be a vital need for success and last but not most important is the co-operation of parents in the widest sense, if such children are to be enabled to derive full benefit from their education.

Height and Weight of Pupils

The results of this year's survey of the heights and weights of some 20,000 pupils attending schools in various areas of the county are tabulated below as averages according to age. The samples include children from agricultural, mining, industrial and residential districts.

Height and Weight Survey for 1955 Whole County

Ages	Number Examined		Height (inches)		Weight (pounds)	
	Boys	Girls	Boys	Girls	Boys	Girls
5 years ...	2,334	2,227	43	43	43	42
8 years ...	2,622	2,447	50	49	56	56
10 years ...	2,030	1,976	55	54	71	71
12 years ...	1,599	1,447	58	58	85	88
14 years ...	1,693	1,518	63	61	104	111
17 years ...	180	251	68	64	136	124

When compared with the immediately previous 3-year period, no significant change is apparent in the heights at the various age levels, but the weights registered indicate an average increase of $3\frac{1}{2}$ lbs.

It has been suggested that these gains may be due not to a general increase in stature but to stature maturing at an earlier age.

Infestation with Vermin

A big step forward has been made since the early days of school inspection in this country when an average of 40 out of every 100 children were found to be verminous. In this county 44 years ago some 23 out of every 100 children were infested. and in the year under review only slightly more than 2 in 100. In 1953 in England and Wales some 5 out of a 100 was the national average.

The total number of cleanliness examinations and re-examinations of school children in 1955 was 166,993. The number found to be infested was 1,796, which gives an incidence of approximately 2.6% on the school enrolment. Throughout the years a real improvement is apparent and the steady improvement in recent years is maintained. It is still necessary, however, to pay constant attention to this problem as, although the Service can cleanse individual infested school children, the actual source of their infestation in the members of the household to which they belong is not subject to such control. The problem is entirely a family one and will persist until home contacts of verminous children are examined and those found infested are cleansed without delay. The School Nurse has always played a most important part and will continue to do so, but without concurrent action in dealing with infested household contacts, regular inspection of school children and persistent education of children and their families is not enough. Where children are found infested sufficiently to suggest that home contacts are also in need of cleansing the matter is brought to the notice of the District Medical Officer of Health by the School Nurse concerned.

The co-operation of teachers and school nurses is essential in the matter of cleanliness inspections in schools. Our thanks are due to the teaching staff for their help and assistance in making the necessary arrangements and facilitating the work.

Medical Inspection Accommodation

A difficulty in many schools is the provision of accommodation for routine medical examination of pupils, which means that a class room has to be used. Only 14 out of 301 primary schools and 15 out of 77 secondary schools visited had proper medical inspection facilities.

Such conditions create inconvenience for all concerned and disturb the educational programme.

Hygiene and Sanitation

On completing a routine school medical inspection the School Medical Officers submit a report on the school premises. This includes information with regard to general cleanliness, heating, lighting, ventilation, state of repair, water supply, cloakroom and sanitary accommodation, washing arrangements, playing space, dining accommodation, etc. The matters reported as requiring attention or further investigation are brought to the notice of the Secretary for Education. The County Sanitary Inspectors also, in the course of their visits to schools, pay particular

attention to the sanitary arrangements and in school canteens to the hygiene.

These visits are of an advisory nature and the relevant remarks are also forwarded to the Secretary for Education together with any necessary observations. In the case of Rural schools, particular attention is given by the Sanitary Inspectors to the question of water supply. Advantage is also taken of the opportunities to draw the attention of the teachers to any routine sanitary matters.

Group Testing of Hearing

This work of screening children with a view to detecting those without normal hearing, and which commenced in 1951, has continued during the year. The gramophone audiometer previously in use was replaced in October by a pure-tone audiometer and this involved a change in the technique of screening. The use of the gramophone apparatus restricted the testing of children largely to the 8 year level and above because of the nature of the test. Using the pure-tone audiometer, reaction to a noise of predetermined intensity and decreasing loudness is required from the child tested. This response which does not involve writing down but merely an indication on the part of the child that the noise has been heard, permits younger children to be tested who may be unable to recognise and to write down figures and is in addition, a more accurate test of hearing.

In this, as in other defects, it is of vital importance to ascertain the disability as soon as possible in order to correct it or ensure that the residual disability is minimal.

The audiometer operator carrying out the tests reported at the end of the year that although circumstances can vary greatly he could, with reasonable conditions, in an average school day, test an equal number, approximately 100 pupils using the new apparatus.

Each child considered to need further investigation has been referred to a School Medical Officer who with additional information from the parents and the child's teachers has then decided on further action where this has been thought necessary.

The following table shows detailed results of screening and the disposal of children who failed the tests given. A greater number of children have been screened in the course of the year but the percentage failure to first and second testing shows little change. In this year's tables figures for other than the 8-year-old group are also included, a practice not previously followed.

<i>Number of Schools Attended</i>					293	
Total 8-year-olds tested	...	...	...		5,731	
Failed Group Test—One ear	...		605			
Two ears	...		236	841		14.67%
Failed Second Test—One ear	...		228			
Two ears	...		144	372		6.49%
Total Passed	...	...		5,359		93.51%
Schools Tested on Gramophone Audiometer					256	
Schools Tested on Pure Tone Audiometer					37	

Referred to Minor Ailment Clinic or School Medical Inspection

	1946 Age Groups	Specials or Retests at other ages
Wax causing deafness	9	7
Otitis Media	1	—
Other conditions	3	—
For retest	131	19
For review	11	4
For reference to E.N.T. Surgeon	19	7
Attending hospital or own doctor	31	27
No further action required	26	10
Observation as possible E.S.N.	23	1
Did not attend	14	8
Awaiting examination	104	53
	<hr/> 372	<hr/> 136

Referred to E.N.T. Surgeon

	8-year-old Age Group	Specials or Retests at other ages
Recommended operation for T. & A. ...	7	4
Attending Clinic regularly	1	—
No treatment	1	—
For T. & A. operation, sinus treatment and removal of wax	1	—
For T. & A. operation, sinus treatment and X-ray both ears	1	1
To sit in front of class	1	—
For nose drops	—	1
Referred to own doctor	2	—
Referred to Hospital	4	—
Left district	1	1
	<hr/> 19	<hr/> 7

Hearing Assessment Clinic

A Hearing Assessment Clinic was established in the Ear, Nose and Throat Department at the Gloucestershire Royal Hospital in December, 1954. Mr. Mower is the Consultant in charge of this Department. The need for establishing the Clinic arose because of difficulties in the accurate assessment of hearing in children, especially pre-school children, together with the need for accurate follow-up and parent training. Clinic sessions have been held once monthly throughout the year under review. It has catered for children only under the age of 16. Miss W. Galbraith, Educational Consultant to the Audiology Unit, Royal National Throat, Nose and Ear Hospital, Grays Inn Road, London, W.C.1., has been responsible for the assessment and training since the Clinic's inception. Associated with the work of the Clinic have been home visits to County children where specific need had arisen. In addition, where supplementary information has been necessary in the case of school children, the teachers concerned have been contacted. Among the advantages which have accrued has been

included a better understanding on the part of the teachers concerning children having a disability of hearing and this has been apparent in better progress by the children at school.

A teacher of the deaf from the Radcliffe Infirmary, Oxford, holding sessions in Swindon, deals with County children in the Cirencester area so far as their assessment and training are concerned. In the South of the County the Assessment Clinic in Bristol serves the area. No provision has yet been possible for peripatetic teachers of the deaf although evidence of the need for such a service is apparent.

The Welfare Officer for the Deaf advises pupils who are leaving school and are handicapped by deafness concerning problems which arise with regard to their future careers and employment. At the end of the year, there were 61 hard-of-hearing children in primary and secondary schools in the County and all but one of these were using hearing aids. In addition 8 pre-school children over the age of 2 were known, 6 of these having aids.

TREATMENT SERVICES

Minor Ailments

Minor Ailments Clinics are now only provided at Cheltenham, Gloucester, Soundwell and Stroud.

Orthopaedic Clinics

Four full-time sisters were engaged in areas which taken together roughly correspond with that covered by the South Western Regional Hospital Board. In this area the sisters deal with the simpler orthopaedic conditions, referring other cases through their own doctors to appropriate specialists and operating under their directions as required. In the North Cotswolds, Northleach and Cirencester Districts, an area roughly corresponding to that covered by the Oxford Regional Hospital Board in the County, all orthopaedic conditions affecting children are referred, through their own doctors, to the hospital orthopaedic service.

The following summary of work carried out by the full-time orthopaedic after-care Sisters shows no particular change over the figures for the previous year.

Seen at Clinics										Children seen at School		Children seen at Nurseries		Children seen at Home					
Consultation					Treatment, etc.					Advice	Treatment	Advice	Treatment	Advice			Treatment & Plaster		
Pre-School	School	Adults	New Cases	Total	Classes	Heat & Massage	Individual	Plaster	Total					First Visit	Subs. Visit	Total	First Visit	Subs Visits	Total
1018	2196	9	745	3223	2624	53	2511	47	5235	841	1182	100	55	267	1798	2065	152	1093	1245

Speech Therapy

In the course of the year five Speech Therapists were employed, one of these being engaged solely in the excepted district of Cheltenham. Unfortunately, the latter was absent through illness during the early part of the year and resigned her appointment in the Summer Term. A replacement had not been secured by the end of the year.

A total of 701 pupils were treated by the Speech Therapists during the year. Particulars with regard to these are as recorded in the tables below. In the latter part of the year a tape-recorder was provided for the use of the Speech Therapists, each of them being provided with a spool of tape, the apparatus being held in turn for a period of three weeks. This arrangement has worked very well and has provided a means for recording defects of speech when a child has been seen first and has subsequently made possible a comparison when the apparatus has been returned for use.

<i>Clinic</i>	<i>No. of Clinics Held</i>	<i>No. of Sessions for School Visiting, Clerical, etc.</i>	<i>No. of Con- sul- ta- tions</i>	<i>No. of Treat- ments Given</i>	<i>No. of Children Ad- mitted</i>	<i>No. of Children Dis- charged</i>	<i>No. of Children on Register 31st Dec. 1955</i>
Amberley Ridge	31	—	—	140	4	1	8
Andoversford	25	6	2	80	1	—	4
Berkeley ...	44	9	22	230	9	5	13
Blockley ...	11	5	8	86	6	7	8
Bourton-on-the- Water ...	38	19	37	222	7	5	21
Cheltenham (3)	182	23	10	945	34	26	98
Chipping Sodbury ...	39	30	39	216	7	6	35
Cinderford ...	75	35	40	485	18	19	31
Cirencester ...	42	18	61	131	5	6	48
Coberley ...	2	2	1	8	—	—	4
Coleford ...	11	25	9	54	8	5	15
Coln House ...	16	—	1	94	1	—	10
Dursley ...	44	28	83	126	7	12	36
Filton ...	77	5	33	344	23	5	25
Gloucester ...	175	63	61	751	31	24	72
Lydney ...	69	35	40	541	16	18	35
Moreton-in- Marsh ...	36	8	16	343	11	12	13
Newent ...	18	19	13	111	9	2	9
Patchway ...	39	10	27	285	4	5	21
Staple Hill ...	78	15	22	357	14	12	42
Stroud ...	128	47	97	402	20	22	77
Tetbury ...	20	8	20	54	7	2	14
Tewkesbury	85	25	32	328	8	13	43
Thornbury ...	37	10	25	176	7	9	21
Todenham ...	8	3	1	15	—	2	—
Tutshill ...	3	10	7	20	10	—	10
Warmley ...	37	—	2	120	4	—	4
Wotton-under- Edge ...	45	19	38	157	5	6	22
Total ...	1,415	477	747	6,821	276	224	739

The number of children discharged were classified as follows :—

	<i>Stammer</i>		<i>Stammer & Dyslalia</i>		<i>Dyslalia</i>		<i>Cleft Palate</i>		<i>Other Disorders</i>		<i>Total</i>
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
Provisionally Cured	5	1	4	3	66	24	—	1	4	7	115
Much Improved ...	9	1	—	2	20	6	2	—	1	1	42
Slightly Improved/ Unco-operative ...	6	5	1	—	11	3	—	1	5	1	33
No Improvement ...	1	—	1	—	—	—	—	—	—	—	2
Left District and School ...	6	2	—	1	16	4	—	—	2	1	32
Total ...	27	9	6	6	113	37	2	2	12	10	224

After-care and Follow-up of Defects

Part of the duties of Health Visitors and School Nurses is the follow-up of cases found at medical inspection with defects requiring treatment. Such follow-ups have continued during the year. The duties of the Service are restricted to encouraging parents to seek treatment where this is necessary and all required action has been taken to this end. Where school children are discharged from hospitals or are attending out-patient departments, in the majority of instances information is supplied. In those cases where it is found necessary to ensure regular out-patient attendance, the Health Visitors or School Nurses take up the matter with the parents concerned. A good relationship for the interchange of information between the School Health Service, general practitioners and hospitals in the area has been established and maintained. Where specialist examination is required, general practitioners are consulted in all cases with the exception of children referred to eye clinics, in order that the private doctor may make the necessary arrangements, or the appropriate action may be taken by the department in cases in which the private doctor considers this preferable.

CARE OF THE HANDICAPPED CHILD

Blind

At the end of the year the position concerning numbers and placement of these pupils is indicated in the tables below. None were awaiting placement at the end of the year.

Partially Sighted

A total of 4 such pupils were awaiting admission to residential accommodation at the turn of the year and no difficulty has been experienced in securing such admissions.

Deaf

Only 2 such children were awaiting placement in December of the year under review and no difficulty has been met in this matter except in the case of very young deaf children. The majority of cases in this category are accommodated in the Royal School for the Deaf, Birmingham, 3 to 8-year-olds in its Junior Section at Martley, near Worcester, and 2 to 8-year-olds at Donnington Lodge. From experience it has become apparent that early ascertainment and training is most important in these cases.

Partially Deaf

Here again no difficulty has been met in securing appropriate provision apart from some occasional delay. Three cases were awaiting placement at the end of the year.

Educationally Subnormal

Those awaiting placement at December, 1955, as day pupils were 167 and as boarders 314. The increase in both of these figures, they were 84 and 250 respectively in 1954, is the result of greater activity in ascertainment. Within the County, Thirlestaine Court Special School, Cheltenham, for children aged 8 to 12 years with 80 places, Amberley Ridge Residential Special School, Rodborough, for children aged 8 to 13 years and accommodating 47 pupils, boys and girls, and Coln House Residential Special School, Fairford, for pupils aged 11 to 16 years, accommodating 75, boys 42, girls, 33, have continued to provide for this handicap. It is hoped in 1956 to extend Coln House to accommodate an additional 12 boys. Further, a new Day E.S.N. School is proposed between Stoke Gifford and Filton, the building being expected to commence in 1956. This project is designed to cater for 120 pupils of both sexes, ages from 5 to 16 years. In addition the Dean Hall, near Speech House, in the Forest of Dean is to be opened as a Day School for this type of handicapped pupil and will accommodate 60 children. These provisions, together with 50 places for Gloucestershire children in the new Day School for 120 pupils to be built by Gloucester City at Longford, should go a considerable way to meeting the present extensive waiting list of E.S.N. pupils. It is likely that the senior pupils due to leave Thirlestaine Court will be largely accommodated in the 50 places at the proposed Longford School.

The following table shows the numbers of children examined and the recommendations made :—

Year	Residential Special School	Day Special School	S.E.T. in Ordinary School	Normal (Ordinary School)	Referred to Mental Health Authority			Total No. of Examinations
					Ineducable	Inexpedient to educate with other Children	For Supervision after leaving School	
1945–								
1950	461	17	187	96	257	1	41	1,060
1951	67	3	57	67	46	—	38	278
1952	92	19	52	32	53	—	37	285
1953	86	26	101	26	53	1	47	340
1954	131	122	172	32	54	1	52	564
1955	85	82	137	29	41	—	45	419

In addition 25 children were examined during 1955 under Section 57 (5) but it was considered that they would not require supervision after leaving school.

Physically Handicapped

At the end of the year 14 cases were awaiting placement. This type of handicap, particularly muscular dystrophies, spina-bifida and heart conditions, has been difficult to place. With regard to the cerebral palsies, the opening of Craig-y-Parc, Cardiff, in May, 1955, eased the position and reduced the waiting list ; indeed, plans were in hand to make day provision at Cirencester for this type of case because of the long-waiting period, but the scheme was abandoned when the Cardiff provision became available.

Speech Defect

In the course of the year none have required admission to the one special residential school catering for this disability and at the end of the year none were on the waiting list for admission.

Delicate

At the end of the year 7 such pupils were awaiting placement. No difficulty has arisen concerning the admission of this type of case. The recently opened accommodation at Minehead in Somerset has assisted in placing these cases. The numbers and their disposal in the course of the year are in the tables below.

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes (other than Hospital Schools)

<i>Categories</i>	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally Sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	<i>Total</i> (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
<i>During 1955</i>	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. <i>Newly placed</i> in Special Schools or Boarding Homes... ..	4	3	4	3	10	13	50	2	5	94
B. <i>Newly assessed</i> as needing special educational treatment at Special Schools or in Boarding Homes... ..	5	4	4	4	6	16	167	1	3	210

<i>After the end of the Year Categories</i>	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally Sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	<i>Total (1)–(9)</i>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
C. On registers of										
(i) Special Schools as										
(a) day pupils ...	2	—	3	1	1	4	81	—	—	92
(b) boarding pupils	13	15	36	12	11	30	125	3	8	253
(ii) on registers of Independent Schools under Authority arrangements ...	—	—	4	1	1	6	15	1	—	28
(iii) boarded in Homes and not included under (i) or (ii) ...	—	—	—	—	3	—	—	15	—	18
Total C ...	15	15	43	14	16	40	221	19	8	391
D. Educated under Sect. 56 of the Education Act, 1944 ...										
(i) in Hospitals ...	—	—	—	—	—	—	—	—	—	—
(ii) in other Groups (e.g. units for spas-tics) ...	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	2	—	—	6	4	—	—	—	12
E. Requiring places in Special Schools										
(i) TOTAL (a) day ...	—	—	—	—	—	—	167	—	—	167
(b) boarding	—	4	2	3	7	14	314	4	1	349
Included in the totals above those										
(ii) who had not reached age of 5 :										
(a) awaiting day places ...	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	—	—	2	1	—	1	—	—	—	4
(iii) who had reached age of 5 but whose parents refused consent for their admission to a special school										
(a) awaiting day places ...	—	—	—	—	—	—	3	—	—	3
(b) awaiting boarding places ...	—	—	—	1	—	3	59	—	1	64

CHILD GUIDANCE

In the Northern part of the County the clinic established in Cheltenham continued to operate under its Medical Director until November, when he left to take up another appointment.

During the year the Northern Clinic proceeded on the lines already established. The psychiatrist, psychologist and psychiatric social worker continued to operate mainly from Cheltenham. They provided, in addition, a regular service at the County Health Clinic in Gloucester, at the Trinity Rooms Clinic in Stroud and occasional sessions in the Abbey Way Clinic in Cirencester. At Gloucester and Stroud the available accommodation has somewhat restricted the operations of the team, but difficulties have precluded changes being made.

Cam House Hostel for 25 boys at Cam and Southfield Hostel for 15 girls at Stroud continued to be supervised by the team members as required and by routine visits from the Medical Director. All admissions and recommendations for discharge continued to be a matter for the Medical Director to decide. The lengthy waiting lists for admission reported last year have been steadily reduced at both Hostels. At Cam House, where out-County children are also accepted, cases have not come forward in the same numbers as formerly and 3 vacancies existed here at the end of the year. At Southfield by the end of the Summer Term because there was no case on the waiting list and the Hostel was empty and no possible cases presenting after correspondence with all adjacent Authorities, the Hostel was closed, a decision foreshadowed in my Annual Report of last year. The closure was on the advice of the Medical Director and no evidence has since arisen to reflect adversely on the decision made. It would appear that hostel provision is ceasing to be a local and becoming, instead, by reason of smaller numbers, a regional need only.

The Case Work of the team, as detailed below, does not, of course, include cases dealt with for Gloucester City. It will be seen that the work of the Clinic has remained fairly constant in comparison with the previous year's figures. It is noticeable that the habit disorders reported have more than doubled, as also have the number of cases seen for ascertainment only.

Cheltenham & North Gloucestershire — Child Guidance Service

	<i>Cheltenham</i>	<i>North Gloucestershire</i>
1. Number of cases on Diagnostic Waiting List at the beginning of the year	42	74
2. Number of cases on Treatment Waiting List ...	3	1
3. Number of cases in Treatment at beginning of the year	27	50
4. Number of cases Referred during the year	40	109
5. Number of First Appointments offered and not accepted	3	11
6. Number of cases seen for Full Diagnosis	40	110
7. No. of cases Diagnosed but not Treated	16	35
8. Number of cases seen for Partial Diagnosis	12	30
9. Number of old cases Re-opened	—	—
10. Number of cases Treated during the year	78	164
11. Number of cases Closed during the year	14	21
12. Number of Interviews during the year :—		
(a) Psychiatrist	273	566
(b) Ed. Psychologist	268	320
(c) Psychiatric Social Worker	261	515
	802	1,401

						Cheltenham	North Gloucestershire
13. Number of School Visits :—							
(a) Psychiatrist	...	...	...	...	...	2	4
(b) Ed. Psychologist	...	...	...	...	...	23	45
(c) Psychiatric Social Worker	...	...	...	...	...	1	—
						<hr/> 26	<hr/> 49
14. Number of Home Visits :—							
(a) Psychiatrist	...	...	...	...	...	—	3
(b) Ed. Psychologist	...	...	...	...	...	2	7
(c) Psychiatric Social Worker	...	...	...	...	...	15	38
						<hr/> 17	<hr/> 48
15. Disposal of Cases Transferred :—							
(a) Awaiting Placement (to Hostels)	...	...	...	...	...	—	—
(b) Hostel Placement	...	...	...	...	...	3	7
(c) Residential School	...	...	...	...	...	—	—
(d) School for Maladjusted	...	...	...	...	...	—	—
(e) Residential Special School	...	...	...	...	...	—	1
(f) Hospital	...	...	...	...	...	1	2
(g) Mental Hospital	...	...	...	...	...	—	2
(h) Approved School	...	...	...	...	...	1	4
(i) Removed from District	...	...	...	...	...	2	2
16. Cases in Treatment at the end of the year	...	...	...	...	...	21	46
17. Number of Cases on Treatment Waiting List at the end of the year	...	...	...	...	...	1	7
18. Diagnostic Waiting List at the end of the year	...	...	...	...	...	17	32
19. Total Attendances	...	...	...	...	...	479	1,318
20. Analysis of Diagnosed Cases :—							
(a) Conduct Disorder	...	...	...	...	...	21	53
(b) Habit Disorder	...	...	...	...	...	8	26
(c) Nervous Disorder	...	...	...	...	...	3	3
(d) Educational and Vocational Difficulties	...	...	...	...	...	6	21
(e) Mental Deficiency	...	...	...	...	...	—	2
(f) Psychoses	...	...	...	...	...	—	—
(g) Physical Disorders	...	...	...	...	...	2	5
						<hr/> 40	<hr/> 110
21. State on Closure :—							
(a) Much Improved	...	...	...	...	...	11	16
(b) Improved	...	...	...	...	...	2	3
(c) Unchanged	...	...	...	...	...	1	2
(d) Deteriorated	...	...	...	...	...	—	—
(e) Ascertainment only	...	...	...	...	...	6	16

Contributed by Dr. K. C. P. Smith (Medical Director of the South County Child Guidance Service)

At the commencement of the year the Clinic team consisted of the Medical Director and the Educational Psychologist ; and the team was assisted by the Secretary. Throughout the whole of this year there has been no Social Worker appointed,

but a certain amount of social work has been done by the Educational Psychologist.

The volume of work did not vary much from the preceding year, and active cases brought forward and the number of cases awaiting first appointment were almost identical with the preceding year.

Slightly fewer new cases were referred but there was a hard core of the longer and more difficult cases carried over from the year before—the Medical Director's first year.

It is noted that the fall was mainly in cases referred by the School Medical Officers, whereas, the comparatively high number of cases referred by the Headmasters remained at the same level.

Clinics were held each Wednesday, at Rodway Road, Patchway, and each Friday, at the Centre at Morley Road, Soundwell, and it was also possible to make up for holiday gaps by making some Saturday morning appointments for the Medical Director at each Clinic for those families who found it specially difficult to attend on any other day.

New Cases Referred :—

Total	128
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Source of Referral :—

1. School Medical Officer	66
2. Secretary for Education		—
3. Headmaster	...	...	...	...	...	...	...	...	...	30
4. G.P.	...	...	...	...	...	...	...	...	...	8
5. Probation Officer		...	...	...	...	...	...	...	...	2
6. Juvenile Court	...	...	...	...	...	...	...	...	...	2
7. Speech Therapist		...	...	...	...	...	...	...	...	2
8. Parents	...	...	...	...	...	...	...	...	...	3
9. Other Clinics	...	...	...	...	...	...	...	...	...	7
10. Other bodies	...	...	...	...	...	...	...	...	...	8

Type of Case referred (some cases referred for more than one type of disorder) :—

(a) Behaviour Disorders	...	...	...	...	...	...	...	...	48
(b) Personality Disorders	...	...	...	...	...	...	...	...	4
(c) Enuresis	...	...	...	...	...	...	...	...	6
(d) Backwardness and Retardation		...	...	...	...	...	...	...	31
(e) Psychological Test and Ascertainment only		...	...	...	...	...	...	...	15
(f) Stammer and Tics	...	...	...	...	...	...	...	...	4
(g) Psycho-somatic	...	...	...	...	...	...	...	...	31

Active Cases Brought Forward from last year	134
---	-----	-----	-----	-----	-----	-----

Cases awaiting First Appointment at beginning of year	22
---	-----	-----	-----	----

Cases awaiting First Appointment at end of year	20
---	-----	-----	-----	----

Number of First Appointments Offered but not Accepted or did not attend...	6
--	---

Active Cases (On Treatment/Observation) Carried Forward	162
---	-----	-----	-----	-----

New Cases Seen during year	115
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Cases Closed :—

Reasons for Closure :—

1. Ascertainment or Advice only	22
2. Treatment Completed	45
3. Recommended for Special Education or Otherwise (Cam House, etc.)						7

4. Removed from District and/or Referred to Other Agencies	...	11
5. Withdrawn by Parents	... ..	5
6. Non-co-operation or Uneventuated	... ..	15
State on Closure :—		
(a) Improved before appointment	... ..	5
(b) Improved	... ..	58
(c) Unchanged	(i) Treatment unsuccessful	3
	(ii) Other reasons	29
(d) Not known (non-attendance, etc.)	... ..	10
Number of Interviews :—		
Psychiatrist	... ..	881
Educational Psychologist	... ..	781
Classification of Interviews :—		
Clinic :—		
Psychiatrist	... ..	871
Educational Psychologist	... ..	441
Total Clinic Attendances	... ..	1,313
School Visits :—		
Educational Psychologist	... ..	159
Home Visits :—		
Educational Psychologist	... ..	74
Other Visits and Interviews :—		
Psychiatrist	... ..	10
Educational Psychologist	... ..	107

SCHOOL MEALS SERVICE

The year has been one of steady progress. At the 31st December, 1955, the number of dinners served to school children each day reached a record figure of 40,000 compared with 38,108 dinners during the previous year, an increase of approximately 5%. To some extent this increase was due to there being more children on the registers, but there was an increase of 2½% in the number of children taking meals.

With extensive facilities such as the above, precautions must be taken to prevent the risk of illness caused by food poisoning. Applicants for appointment to the service complete and sign a detailed questionnaire concerning relevant previous medical history. Where any suggestion arises of possible risks a Medical Officer's opinion is secured together with a full medical examination by consent. All applicants also agree to report forthwith any illness which may arise affecting them or their families. Permanent staff in addition have an X-ray examination of chest and so far as practicable annual X-rays, use being made of visits by Mass X-ray Units. The importance of precautions is clear when it is appreciated that the incidence as recorded in England and Wales of infectious disease which is notified, including tuberculosis, has fallen off for all diseases except three, and these include intestinal and food-borne infections which have shown no similar decline. Safe food depends almost entirely on the satisfactory hygiene precautions of the individual food handler.

Milk in Schools Scheme

The milk in schools scheme has continued to operate by providing only liquid milk. On a day in October, 1955, a total of 52,752 children were receiving milk out of a total of 66,011 on the registers, a percentage of 79.9%, the equivalent figures for the previous year were 49,140 out of an enrolment of 63,138, giving a percentage of 77.8. The policy has been to provide where possible pasteurised milk. On the 31st

December, 1955, out of a total of 396 schools and departments of schools, 373 had a pasteurised supply, the remainder being supplied with tuberculin tested milk. It is gratifying to record that in the past five years (1951 to 1955) the percentage of schools supplied with pasteurised milk has increased from 75.8% in 1951 to 94.2% in the year under review. Sampling of all supplies at the schools was carried out during the year by the County Sanitary Inspectors. In all cases of pasteurised supplies the samples were examined for efficiency of pasteurisation and by biological tests. The results of 797 pasteurised samples submitted were satisfactory with the exception of 12 samples, where, in each case, the matter was investigated forthwith. Fifty samples of tuberculin tested milk were examined with 5 failures to the methylene blue test. All biological samples of tuberculin tested milk were satisfactory.

MASS X-RAY EXAMINATIONS

Wherever the units are operating every endeavour is made to ensure the full use of them, and all school children aged 13 years and over in the area concerned (private schools included) are offered and encouraged to use the facility. All conveniently situated teaching and ancillary school staff are also encouraged to take advantage of the service.

The results of examinations of scholars carried out by this Service during the course of the year are shown below.

<i>Miniature Films</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number Examined	2,363	2,593	4,956
Total Recalled for Further Examination ...	29	23	52
Did Not Attend	1	2	3
Normal	16	18	34
Significant	7	3	10
*Under Observation	5	—	5

<i>Tuberculous Conditions</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Active Tuberculosis	1	1	2
Inactive Tuberculosis	2	—	2
Under Observation	4	—	4
*Included in the above total			

None of the abnormal cases referred to above had been previously detected. Non-tuberculous conditions found were :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Bronchiectasis	1	1	2
Congenital Cardiac Lesion	—	1	1
Pleural Thickening	1	—	1
Pneumonitis	2	—	2

Tuberculosis

The following information has been supplied by the Chest Physician responsible for the North Gloucestershire Chest Clinics.

Tuberculosis Noticed during the Year 1955

Age Groups	Pulmonary		Menin- geal	Miliary	Cervical Glands	Abdomi- nal and Hip	Total
	Primary Complex and Sequelae	Phthisis					
5-9	6	—	—	—	3	1	10
10-14	5	3	—	—	1	1	10
1. Mode of Diagnosis							
“ Contact ” System				...	...	...	3
Mass X-ray				...	...	...	1
Hospital Reference and Other				...	...	...	8
General Practitioner Reference				...	...	...	8
							Total 20
2. Cases with a known source of infection							
				...	...	...	4

The following is a statement of the children admitted to and discharged from Standish Chest Hospital.

Admissions	Respiratory	...	32
	Non-Respiratory	...	18
			50 (Non-tuberculous 80)
Discharges	Respiratory	...	30
	Non-Respiratory	...	14
			44 (Non-tuberculous 73)

Number of children remaining in Hospital on 31st December, 1955 :—
15 Respiratory and 14 Non-Respiratory.
(Non-tuberculous 26)

INFECTIOUS DISEASES

The following table shows the number of children reported by Head Teachers as suffering from infectious diseases during the three years 1953-55.

Disease					1955	1954	1953
Scarlet Fever	...	...	...	...	364	303	242
Diphtheria	...	...	...	...	—	—	—
Measles	...	...	...	...	4,687	1,019	3,206
German Measles	...	...	...	...	143	276	938
Whooping Cough	...	...	...	...	908	1,120	852
Mumps	...	...	...	...	2,129	965	1,313
Chicken Pox	...	...	...	...	1,844	2,355	2,004
Tuberculosis	...	...	...	...	5	4	1
Ringworm	...	...	...	...	84	57	50
Impetigo	...	...	...	...	410	313	288
Scabies	...	...	...	...	22	10	13
Others (Colds, etc.)	...	...	...	...	2,951	5,282	8,618
Total	...	...	...	...	13,639	11,704	17,525

These figures do not include the Cheltenham Excerpted District.

Diphtheria

It is interesting to note that 72% of children aged 5 to 15 have been protected by initial or maintenance immunisation in the County. During 1954 the number of children immunised increased by 1,741 and during the year under review a further increase was noted of 526 to 8,623 maintenance doses in addition to 842 school children immunised for the first time.

Food Poisoning

Again sporadic outbreaks of stomach and bowel upsets have been reported in the course of the year from schools. Investigations have not been successful in any instance in incriminating a particular organism. The clinical features of cases have been mild and occasionally adults have been involved. In no outbreak was the School Meals Service found to be at fault. In one instance although not given as a possible cause, the school concerned had no supply of hot water for personal hygiene or cleansing purposes. In all canteens samples of food from meals given are retained for 24 hours in case investigations become necessary. From the corrected notification of infectious diseases for 1955, 26 school children were notified as suffering from food poisoning, 14 of them boys and 12 girls.

EMPLOYMENT OF SCHOOL CHILDREN

During the year there were 208 applications for pupils desiring to undertake part-time employment. Medical certificates of fitness were issued in 196 cases. With regard to the remainder only two children were considered medically unfit, that is that the suggested employment would be detrimental to them deriving proper benefit from their education. Of the remaining 10 children, 6 did not attend, 1 left school and 3 withdrew their applications.

Concerning children leaving school, the Youth Employment Service was supplied with information with regard to 89 cases where their medical condition was such that restrictions were considered necessary on the type of employment they should undertake.

POLIOMYELITIS

The number of school children notified during the year as suffering from acute anterior poliomyelitis was 16, 10 of these being paralytic, and 6 non-paralytic, which compares with 26 during 1954, 14 of which were paralytic and 12 non-paralytic. These figures are those concerning confirmed cases from corrected notifications.

B.C.G. VACCINATION

The existing scheme for the B.C.G. vaccination of children in contact with tuberculosis was extended with effect from October, 1954. This extension involved the testing of tuberculin sensitivity and the B.C.G. vaccination of 13-year-old school children. It continued throughout the year under review. The extended scheme involved the initial tuberculin testing of 13-year-olds where their parents have consented in writing and the Mantoux 10 T.U. is the test employed. This initial test is read in 72 hours and the children found to be negative are B.C.G. vaccinated forthwith. After 12 weeks those vaccinated are re-tested using Mantoux 10 T.U. to ascertain whether they have converted or not, when these latter are re-vaccinated immediately.

Eleven School Medical Officers, specially trained in the procedure, have been engaged on this work and have dealt with it at schools in conjunction with the school medical inspection.

The following particulars are from the records of 13-year-old children initially tested or vaccinated during the year to the 31st December :—

In a 13-year-old school population of approximately 5,500 children, vaccination was offered to 4,350 pupils and acceptances totalling 2,485 were returned, an acceptance rate of 57%. A total of 52 schools participated in the scheme. At initial testing 493 (22.2%) of 2,220 children tested, were found to be tuberculin positive. Of the 1,727 tuberculin negative children 1,715 were vaccinated.

With regard to the 12 children tuberculin negative but not vaccinated, either the consent was withdrawn or there was a medical contra-indication.

The following table gives some details concerning the scheme since its commencement in October, 1954.

B.C.G. Vaccination of 13-year-old School Children

	1954			1955			<i>Grand Total</i>
	<i>County</i>	<i>Cheltenham</i>	<i>Whole County</i>	<i>County</i>	<i>Cheltenham</i>	<i>Whole County</i>	
No. of Schools Concerned ...	5	9	14	43	9	52	66 (57 different Schools, Chelt. Boro. 9)
Invited ...	310	291	601	3,085	1,265	4,350	4,951
Accepted ...	191	119	310	1,894	591	2,485	2,795
Tuberculin Tested	150	115	265	1,655	565	2,220	2,485
Positive...	39	24	63	382	111	493	556
Negative ...	111	91	202	1,273	454	1,727	1,929
Percentage Positive...	26%	20.8%	23.7%	23%	19.6%	22.2%	22.3%
Not Vaccinated	3	2	5	10	2	12	17
Vaccinated ...	108	88	196	1,263	452	1,715	1,911

This authority is participating in the Oxford Regional Hospital Board's Survey of B.C.G. vaccination and the record cards are classified by the Board's Record Department. The following summary has been provided by the Records Officer and relates to the 1,727 children whose school surveys had been completed before the end of 1955. It will be seen from the table given above that the records of 758 children are not included in the following statistics. These pupils are due for conversion tests in the Spring Term of 1956.

	<i>No. of Children</i>						
(i) Tuberculin Tested	1,727
(ii) Positive	425
(iii) Negative	1,302
(iv) Vaccinated	1,300
(v) Tested for Conversion	1,177
(vi) Converted	1,084
(vii) Not Converted	93
(viii) Percentage Converted	91.9%

RECUPERATIVE HOLIDAY HOMES

During the year arrangements were made through the Invalid Children's Aid Association for 52 children to be admitted to Recuperative Holiday Homes. The normal length of stay was four weeks but extensions were granted where recommended by the Medical Officer of the Home concerned.

The children all benefited from their holiday and the detailed reports received from the Homes on the children's progress during their stay were most helpful.

HOLIDAY CAMPS FOR DIABETIC AND EPILEPTIC CHILDREN

Facilities were again offered to diabetic and epileptic children in the County for holidays, but for various reasons the parents of only 3 children accepted the offer this year. Arrangements were made for these children to spend a fortnight at the British Diabetic Association Camp at Barrow, Lancs.

REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM EXCEPTED DISTRICT

Dr. T. O. P. D. Lawson, Borough Medical Officer of Health

The staff of the Cheltenham School Medical Department includes 2 School Doctors and 3 School Nurses, who carry out the duties under the Borough School Medical Officer.

(1) Medical Inspection at the Schools

All children admitted to the Infant Schools are examined for defects during their first year at school. For the 8-year-old group, ear, throat and eye examinations only are made but full examinations are made at 10 and 12 years and for the leavers at 14 years. The age group for examination in the Secondary Schools are somewhat different and depend on the age at which children usually leave these schools.

Parents are invited to be present at these examinations and if defects are found the children are referred to the family doctor and are re-inspected at school two or three times during the year if necessary.

(2) School Clinic and Treatments Minor Ailments

The Central Clinic is open on the afternoons of Monday, Wednesday and Friday and on Saturday morning for children brought by parents or referred by teachers for the treatment of abrasions, skin diseases, ringworm, etc. The School Doctors supervise the treatments and, when desired, examine children brought by parents.

Additional clinics are held at Whaddon School on Tuesday afternoons, at Elmfield School on Thursday afternoons, at Lynworth School on Monday afternoons and a clinic is also held at St. Paul's School once a week. During the school holidays clinics are held each morning during the week at the Municipal Offices.

As a result of the increasing school population on the Hester's Way Estate it is proposed to start a Minor Ailments Clinic in the new Hester's Way Health Centre.

(3) *Prevention of Tuberculosis*

B.C.G. vaccination against tuberculosis was commenced in October, 1954. The procedure is identical with that of the County. A scheme for tuberculin jelly testing of school entrants was organised at the beginning of the year. A Health Visitor calls on the parents of positive reactors and makes appointments for the Mass X-ray Unit. This scheme has been well received and the majority of parents sign the consent forms. The follow-up of positive reactors to the Mantoux test at 13 years is identical. In addition appointments for X-ray are given to all school leavers during their last school term.

These schemes are now well under way and after the first full year's working several children are either under observation or treatment. Excellent co-operation has been established between the School Health Department and the Chest Physician.

(4) *Ascertainment of Educationally Sub-normal Children*

A Day Special School for these children was opened in September, 1954. It takes children from the age of 8 to 12 years. Encouraging results have already been obtained. Ascertainment is carried out at the Clinic by appointment. Maladjusted children are referred to the Child Guidance Clinic.

(5) *Diphtheria Immunisation*

There has been a welcome increase in Diphtheria Immunisation in the Schools during the year following a more intensive drive at school medical inspections. This includes a careful check of school medical records, personal interviews with parents, letters to the home, followed by a visit by the School Nurse if the letter is unanswered.

(6) *Dental Treatment*

Two well-equipped Dental Clinics are available. There has been an improvement in the staffing position and two full-time Dentists are now employed in the School Health Service. There is enough work for three full-time Dentists as also for another School Dental Clinic on the Hester's Way Estate. If a Dental Surgery can be added to the new Health Centre the appointment of a third dental officer might be considered.

(7) *Orthopaedic Defects*

A Physiotherapy Clinic is available as part of the School Health Service. Children can be referred for exercises and ultra-violet light treatment. Progress is watched and children are re-inspected at school.

(8) *Speech Defects*

A Speech Therapist holds sessions at No. 64 The Promenade, and at a number of the schools. Since the resignation of the Speech Therapist during the summer no sessions have been held but a new Speech Therapist will be commencing duties early in 1956.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Mr. J. F. A. Smyth, L.D.S.

Staff

In my report for 1954 I stated that there were "grounds for hope that 1955 will show a definite improvement." This hope was realised to some extent, the average strength of the staff throughout the year being the equivalent of 14.6 Dental Officers. At the end of the year the total equivalent was 15.4 officers (including Miss Platt, who left for domestic reasons on 31st December). The total number of sessions on which dental work was carried out (6,566) represented an increase of almost 30% over 1954. Three new whole-time officers were appointed, but Mr. F. Jones resigned in October for a Regional Hospital Board appointment and was replaced only by a part-time officer. Three newly qualified men were given temporary part-time appointments while awaiting call-up for National Service. It was hoped that this experience would interest them in the local authority service and stimulate recruitment from those serving in the Armed Forces. Mr. Wren, who had been working part-time since his retirement in 1951 from the whole-time post he had held for 32 years, was unfortunately forced by ill-health to give up entirely. The increased remuneration in the General Dental Service, following the restoration of the 10% cut, may well have an adverse effect on recruitment and prove attractive to existing staff unless there is a counterbalancing increase in the salaries paid to local authority Dental Officers.

As in previous years, every encouragement was given to students at Bristol Dental Hospital by Professor Darling and other members of the staff to seek posts in the local authority service, and our thanks are due to them. In April I took two parties of students round some of the County clinics to enable them to see a little of our work. Arrangements were also made for Professor Darling to give talks on dentistry as a career at several Grammar Schools and parties of pupils were taken round the Hospital and some of the County and the Cheltenham Borough Dental Clinics. The interest aroused has been most gratifying and there is now no shortage of suitable applicants for the dental courses at Bristol University.

An event of great significance to the service was the reintroduction to Parliament of the Dentists' Bill in July. The Bill makes provision for an experiment in the use of ancillary workers trained to fill teeth and extract temporary teeth within the National and Local Authority Health Services under the direction of dentists. The Ministry of Education has given the ratio of one Dental Officer to 3,000 school children as a reasonable staffing target. The County establishment is based on this target, which requires an increase of 50% on existing staff. Experience indicates, however, that even if this ratio were attained, it would be necessary (except in the few areas where general practitioners provide treatment for a significant number of children) to continue to limit the scope of treatment provided by the school dental service, largely by excluding conservation of temporary teeth. Ancillary workers provide a hopeful solution of this difficult problem.

Time equivalent to 1 session in 14 was spent on work for expectant and nursing mothers and pre-school children. In some areas (e.g. North Cotswolds) where no fixed clinics were available, virtually all the Dental Officer's time was spent on school work; in others (e.g. Gloucester) the equivalent of 2 sessions per week was required to deal with maternal and child welfare demands. When fixed clinics are available in all areas it appears probable that at least 1 session in 11 will be required for maternal and child welfare work, as recommended in Ministry of Health Circular 11/55.

Clinics

The only fixed clinic completed during the year was at Chipping Sodbury. Another "Gloster" mobile clinic was obtained, bring the total fleet to 5. Many delays occurred at Lydney and the clinic was not completed by the end of the year. Site works were started at Durlsey and premises found at Tewkesbury. When capital is available, a two-surgery clinic will be provided at Downend and a clinic at Moreton-in-Marsh. Plans were approved for providing a dental surgery in Wotton-under-Edge clinic. An urgent need is for a new clinic (to serve either Churchdown and Longlevens or Barnwood, Hucclecote and Brockworth) to relieve the great and increasing pressure on Bearland Clinic, Gloucester.

Another difficulty is to find accommodation in existing clinics for the orthodontist and hygienist. The hygienist has usually had to work with portable equipment in the medical or recovery room attached to a dental clinic, and in many cases the orthodontist has to do the same. Both have considerable difficulty in arranging sessions which do not clash with each other or with other activities. A solution worthy of detailed consideration is the provision of self-propelled, light and simply equipped mobile orthodontic and hygienist clinics. It may well be that these could be provided on a suitable car chassis and driven without undue strain or fatigue by the officers concerned. Both usually spend only one day or one session at each clinic and the trailer type mobile (which is usually parked at a school for some weeks for routine treatment) would not be so suitable.

Inspection of Schools

A total of 28,042 children in 185 schools was inspected (41% of the school population) and a further 5,724 were inspected at clinics as "specials." In all, therefore, 49% received dental inspection, implying an average interval of 2 years. In certain areas where the staffing position has been constant for some years, annual inspections have been possible. In areas where there is a backlog of work to be overtaken, only a quarter or a third of the schools have been inspected. In these areas there are usually heavy demands for emergency treatment, reducing the time available for routine work. The following table gives a comparison of inspection findings for 1955 compared with the 5 preceding years.

	1950	1951	1952	1953	1954	1955
Percentage of school population inspected	22% (Routine) 27% (Routine and Special)	19% (R) 23% (R & S)	23% (R) 28% (R & S)	34% (R) 40% (R & S)	29% (R) 37% (R & S)	41% (R) 49% (R & S)
Percentage found to require treatment	78%	83%	81%	78%	79%	80%
Percentage treated of those offered treatment	75%	78%	71%	70%	71%	65%

It will be noted that the percentage treated of those to whom treatment was offered is less than in previous years. It is not easy to account for this and probably many factors are involved. In one area a large number of broken appointments was

reported, in another the acceptance rate declined when treatment was provided at a fixed clinic instead of at the school. Apart from particular local factors, however, a slight but steady drop in acceptances has been recorded. Upon enquiry, very many of the children who refuse state that they have their "own dentist." As mentioned below, those who clearly received regular treatment from general practitioners were not included in the "number offered treatment," and it is evident that many of those who refused treatment visited their own dentist only for an occasional extraction when in pain. Others attend the casual clinics when trouble arises, although refusing routine treatment. The existence of two parallel services, provided by local education authorities and local executive councils, each providing "free" dental treatment for children, undoubtedly encourages some parents to try to obtain the best (or the worst) of both worlds and at times to seek to play off one service against the other. It appears to me that this curious anomaly of two "free" services is in the best interests neither of the patient nor of the two services in many instances.

Although it will be noted that there is only a small rise in the percentage requiring treatment, reports from members of the staff indicate that the increase in caries incidence noticed everywhere since the end of the war is still continuing. Studies undertaken in Norway and elsewhere show that there is a definite relationship between consumption of sugars and caries incidence. Probably the most damaging of all habits is the constant sucking of sweets throughout the day and in bed. Dental health education on an increasing scale, to which extensive reference was made in Ministry of Health Circular 11/55, appears to offer the only hope of combating this. There is, undoubtedly, a necessity for an increased campaign by means of television, radio, films, talks and (by no means least) personal instruction of parents by doctors, dentists, health visitors, hygienists and all concerned with health. Reasonable dietary habits coupled with improved oral hygiene could substantially reduce the incidence of caries, particularly in children. School dinners might lead the way by providing a detergent and cleansing dish to finish the meal rather than a sweet and sticky pudding, and instituting mouth rinsing as a routine. The strength of the dental profession is likely to decline for several years, and even if all existing caries in the country could be and were treated conservatively the cost to the nation would be very great. Because dental disease is rarely directly fatal, it is difficult to impress people with the size and urgency of the problem. Nevertheless, it is for the local authority health services, which should essentially be preventive, to lead the way. Although the dental service is inescapably overwhelmed by the necessity of providing treatment with inadequate resources, prevention must be put more surely in the forefront of the attack on disease.

General Dental Service

Records were kept of the number of children found to require treatment at routine inspections who, as far as the dental officer could determine, received regular and complete treatment from general practitioners. On the advice of the Ministry of Education, these were not included in the "number offered treatment." Statements that children had their "own dentist" were not accepted for this purpose unless there was evidence in the mouth to support the claim. Variations in different parts of the County were very great, ranging from 23% in one area to barely 1% in another. Variations in schools were noticeable, the percentage in Grammar Schools being always the highest and in general the lowest being in the infant departments of Primary Schools. The average for the whole County was 9% (including Cheltenham). This figure does not include those who, as a result of treatment by a general practitioner, required no further attention at the time of the inspection. In schools or areas where the density of general practitioners is relatively high, there were many who had been

made dentally fit—up to 40% in one or two schools. It appears that in all about 15% of the school population is receiving regular attention from general practitioners, which is a welcome contribution to the L.E.A.'s difficulties. The dangers and disadvantages of two free services are referred to earlier.

Treatment

Statistical details are given in Table V at the end of this report. The following table gives the average amount of treatment per 100 children in 1955 compared with the five preceding years. The increase in fillings in permanent teeth and in total extractions is an indication of the rise in caries incidence. The average number of temporary teeth filled is no index of the need but is a result of the deliberate selective exclusion of conservation for these teeth owing to the demands of more vital work. The increase in extractions is one of the results of this ; how many abnormalities are caused or made worse by these extractions is a matter of conjecture. The impossibility of providing a comprehensive conservative service even for permanent teeth with the existing staff is sadly illustrated by the decrease in the ratio of permanent teeth extracted for caries to those filled.

Treatment per 100 Children Treated

	1950	1951	1952	1953	1954	1955
Fillings : Permanent Teeth	90	115	120	150	150	170
Fillings : Temporary Teeth	9	21	24	30	18	19
Total Extractions ...	140	130	130	130	130	160
Ratio of Permanent Teeth Filled to Permanent Teeth extracted for caries	5.2 to 1	6.8 to 1	6.8 to 1	6.6 to 1	6.3 to 1	5.9 to 1

Details not shown separately in Table V are as follows :-

Dressings : Permanent Teeth	...	...	...	3,229
Temporary Teeth	...	...	...	1,246
Silver Nitrate Treatments	...	...	...	603
X-rays ...	...	...	...	743
Scalings ...	...	...	...	451
Dentures	...	...	...	129
Local Anaesthetics	...	...	...	6,855

General Anaesthetics

As mentioned in my report for 1954, specialist or general practitioner anaesthetists are now employed as far as possible to give dental anaesthetics. The equivalent of 107 half-days was spent by medical anaesthetists for school "gas sessions." In spite of this 278 sessions (included in Table V as treatment sessions) were required for Dental Officers to administer anaesthetics. Health Visitors gave welcome assistance at "medical gas sessions" since a second dental attendant was not available, and our thanks are due to them for their excellent co-operation. In general, nitrous oxide was the anaesthetic of choice for medical anaesthetists, whereas dental officers favoured vinesthine. In Cirencester, Dr. Winter achieved excellent results with a vinesthine drip reinforcing nitrous oxide.

Orthodontics

Mr. McGonigal, who had been given leave of absence for post-graduate study at Glasgow Dental School, obtained his Diploma in Dental Orthopaedics in June. He was appointed County Orthodontist as from 1st January, 1956. The need of an orthodontist to advise on appropriate treatment and to carry out treatment of the more difficult cases has been expressed by members of the dental staff for some years, and it is anticipated that Mr. McGonigal's appointment will fulfil a definite need. 151 appliances were fitted during the year, all of the removeable type. 873 attendances were required for adjustment or inspection in connection with orthodontic work. Of every 100 children treated, 0.9 was fitted with an appliance. The following table gives details of the results as far as available :—

Classification of Results

<i>How Treated</i>		<i>Per- fect</i>	<i>Good</i>	<i>Fair</i>	<i>Some Impr.</i>	<i>Dis- cont.</i>	<i>Under Treat.</i>	<i>Un- class.</i>	<i>Total</i>
Extractions Only	...	1	17	—	1	2	25	11	57
Appliances Only	...	3	27	4	4	12	72	—	122
Extractions and Appliances	... ..	—	7	3	1	3	13	—	27
Total	... ..	4	51	7	6	17	110	11	206

Oral Hygienist

Mrs. Judd (née Webbe) continued her useful work of scaling and health education. The demand for talks in Welfare Centres curtailed the time available for talks in schools and only 8 schools were visited. Slides showing the effects of neglect were kindly prepared by the staff of Bristol Dental Hospital. It was again noted that the greatest success was achieved by instruction coupled with scaling and prophylaxis.

Laboratory

The opening of the dental laboratory in February proved an even greater step forward in the dental service than had been anticipated. All Dental Officers professed themselves entirely satisfied with the standard of work and the attention given to their requirements. Under the direction of Mr. Hopkins, the Senior Technician-in-Charge, the laboratory operated with undoubted efficiency in every way. Work was also carried out for the Dental Officers of the South-Western Regional Hospital Board. At the outset one technician (later upgraded to senior technician) assisted Mr. Hopkins, and in October a second was appointed. In July the laboratory was visited by the Minister of Health, Dame Enid Russell-Smith, and the Chairman of the County Council, after the opening of Hester's Way Health Centre. The Minister displayed a keen interest in all the work being undertaken by the County Dental Service.

The following is a summary of the work carried out during the year :—

<i>Orthodontic Appliances</i>	<i>Orthodontic Repairs</i>	<i>Partial Dentures</i>	<i>Repairs</i>	<i>Acrylic Jacket Crowns</i>	<i>Study Models</i>
140	5	129	16	9	263

Conclusion

I should like to thank all members of the Dental Staff for their work and willing co-operation throughout the year. The absence of Miss Stephens (Senior Dental Attendant), following a motor accident, underlined the important part she played in the smooth and efficient running of the service. It is hoped she will make a complete recovery. I should also like to thank the head teachers and all those members of the Health Department Staff who deal with dental matters, for their continued help.

Reports from Areas

Mr. Thomas (Cirencester)

" It was noticed that an increasing number of the older children were attending their own dentist and receiving regular treatment when the Grammar School, Cirencester, was inspected in July. In contrast it was noticed that very few indeed of pupils at Junior Schools attended the family dentist for regular inspection and treatment.

" The Dental Hygienist still does good work in promoting oral hygiene ; it is now evident that the standard is higher than it used to be, especially among the older children."

Mr. James (Filton and Patchway)

" Attendances during holidays have gratifyingly increased and attendances generally, particularly at Patchway, have been good.

" The general standard of dental hygiene in this area is good indeed and little is seen of gum conditions requiring treatment. The service provided both by the school clinics and general practitioners is comprehensive, and all children, with the exception of a very small minority, receive adequate treatment."

Mr. Waterhouse (Chipping Sodbury)

" The Mobile Units always create interest amongst the children and the staff.

" All headteachers have been more than co-operative and have gone out of their way to make visits to schools pleasant and easy."

Mr. Ellis (Cinderford)

" In Primary Schools the extraction and general anaesthesia rate was very high, but the figure should now be greatly reduced as these schools receive regular inspection and treatment.

" The inauguration of a specialist anaesthetist here has been of great help in clearing up cases quickly."

Mr. McCarthy and Mr. Lane (Cheltenham Borough)

" During the latter half of 1955 the second dental clinic was operating full-time owing to the appointment of another dental officer. The town was divided into two sections, each dental officer being responsible for the inspection and treatment of the schools in his area.

" The number of schools inspected in 1954 was 11, and in 1955, 20.

" The time between inspections in schools will now be very much less and the number of casualties treated will diminish as more routine work will be done. Attendances for treatment have been good and there has been a great improvement in attendances during the school holidays.

“ Children attending primary schools have far too many decayed teeth that require extracting. One reason may be the increase in sweet-eating since the end of rationing. Many of these children must suffer unnecessary pain due to their parents repeatedly refusing treatment at school inspections. So many mothers go out to work and so cannot find time to bring their children to the clinic.

“ In contrast it is gratifying to find so many of the senior children, especially those attending the Grammar Schools, are receiving regular dental treatment through the General Dental Service.

“ This is certainly a different picture to the early days of the National Health Service when the so-called ‘ priority class ’ could not obtain treatment at all privately and were told ‘ the School Clinic is the place for you to go to.’

“ The demand for orthodontic treatment is increasing and the appointment of an orthodontic officer by the County will be of great help in this branch of our work.

“ We hope the coming year will see a further improvement in the school dental work done in Cheltenham now that two full-time clinics are operating.”

REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION

Introduction

In January, 1955, a revision was made of the schools regularly visited by the Organisers and their assistants. This was made necessary by the decision to have the newly-appointed Assistant Male Organiser, Mr. J. Milne, centred in the Southern part of the County.

The County has now been divided for the visiting of primary schools as follows :—

Southern Part of the County

Western Half	...	...	...	...	Mr. Milne
Eastern Half	...	...	...	...	Miss Gibson
<i>Mid-Gloucestershire</i>	...	...	...	...	Mr. Ralph
<i>Forest of Dean</i>	...	...	...	...	Mrs. Isaac
<i>North Gloucestershire</i> (including Cirencester area)	...	...	...	...	Miss Fawcett

Assistance in the Tewkesbury, Northleach, Gloucester and Cheltenham areas is given by Mr. Baynham and Miss Barnard, the Organisers for Cheltenham and Gloucester.

The visiting of secondary modern schools is divided as follows :—

Girls' Work

Southern Part of the County	...	...	Miss Gibson
Forest of Dean	...	...	Mrs. Isaac
North and Mid-Gloucestershire	...	...	Miss Fawcett

Boys' Work

Southern Part of the County	...	...	Mr. Milne
Rest of the County	...	...	Mr. Ralph

All the Grammar Schools are visited only by Miss Fawcett and Mr. Ralph.

Part 1—Primary Schools

(1) *Shoes and Clothing*

The provision of plimsolls has continued. An unusually large number were required this year.

Clothing for Physical Education has continued to be supplied for the use of children over the age of 11 years in all age schools, and for boys aged 10–11 years in certain junior schools.

(2) *Equipment*

Metal climbing apparatus has been fixed in 4 school playgrounds. Thirty-seven schools have been supplied with portable gymnastic equipment, of these 19 had had no previous supply. Three new schools have been fully equipped with fixed and portable apparatus.

(3) *Facilities*

The surfacing of 2 very bad playgrounds, Broadwell and Longborough, should greatly improve the general cleanliness of these schools, as well as providing very much better facilities for the physical education of the children. There are 22 voluntary school playgrounds which are unsurfaced. Seven schools are without playgrounds; of these 5 have sufficient classroom space for indoor activities, while the other 2 use the road for Physical Education.

(4) *Further Training of Teachers*

Eight Refresher Courses have been held during the year in the County.

<i>Type</i>	<i>Place</i>	<i>Duration</i>	<i>No. of Students</i>	<i>Lecturer</i>
Games	Newent	4 weeks	24	Mrs. Isaac
Infants' P.E.	Kingswood	4 weeks	69	Miss Gibson
Junior P.E.	Dursley	4 weeks	27	Mr. Milne
Junior P.E. and Games	Churchdown	6 weeks	34	Miss Fawcett
Junior P.E.	Downend	4 weeks	58	Mr. Milne
Junior P.E.	Filton	4 weeks	44	Mr. Milne
Infant and Junior P.E.	Fairford	4 weeks	25	Miss Fawcett
Junior P.E.	Cheltenham	6 weeks	53	Miss Barnard

Part 2—Secondary Schools

(1) *Staffing*

(a) *Girls.* Nine Grammar Schools have three-year-trained specialists in Physical Education.

In the Secondary Modern Schools difficulty has been found in replacing staff, and 7 schools either have no one to take gymnastics or someone with no qualifications for secondary girls' work.

(b) *Boys.* Sixteen schools, 11 Grammar and 5 Modern, have the services of a fully-qualified gymnastic master. Three of these Secondary Modern school-masters have given notice to leave at the end of next term, and it seems extremely improbable that they will be succeeded by masters with similar qualifications. Thus only the two most recently built Secondary Modern Schools, Patchway and Churchdown, will have fully qualified gymnastic masters.

(2) *Facilities*

(a) *Indoor Accommodation.* The facilities for indoor work in Secondary Modern Schools are poor, with the exception of the three new schools; 9 schools have nothing and 5 have halls, none of an adequate size, the remainder use canteens or hired halls which are often dirty and bear the aroma of the previous evening's activities.

(b) *Artificial Cricket Wickets.* Bituturf and netting were supplied for 2 practice wickets at Tetbury Grammar School. Bituturf only was supplied for 3 practice pitches at Abenhall and Oldland Secondary Schools, and 2 pitches at Bream Secondary School.

Rubberoid was supplied for 3 practice pitches at Patchway Secondary School.

(3) *Equipment*

Both Grammar and Secondary Modern schools are now reasonably well equipped with portable apparatus, but those Grammar schools which have used the same apparatus for the last twenty years need to replace a large part of it.

Fixed apparatus swinging from the walls has been placed in Thornbury Grammar School, Chipping Campden Grammar School, Tewkesbury High School, Staple Hill Boys' Secondary School and Kingswood Girls' Secondary School and is providing a much wider programme. It is hoped to complete 3 more schools by the end of the financial year.

(4) *Shoes and Clothing*

Plimsolls, shorts, blouses and football jerseys have again been provided where required.

(5) *Games*

Tournaments in hockey, netball and rounders were arranged. The hockey tournament played on the Ladies' College Field in Cheltenham was particularly successful; 6 pitches were available and 22 schools took part.

The netball tournament was held at Dursley Secondary Modern School where temporary courts were marked out in order to accommodate both the senior and junior sections. Ten schools took part in the senior and 19 in the junior section.

A rounders tournament was held at Churchdown Primary School in which 13 schools took part and at Kingswood Girls' Secondary School in which 8 schools took part.

Part 3—General

(1) *Swimming*

Arrangements generally were much the same as in previous years. Most of the schools for which swimming is available use open-air baths and full advantage was taken of the fine warm summer, particularly at those baths which are reserved during school time solely for school children.

At Stroud, conditions were not altogether satisfactory, since the general public were often there in large numbers during the afternoons, and in the mornings private schools also used the Baths.

Dursley Secondary Modern School now have their own open-air swimming bath as the result of combined effort by the school and the Parent-Teachers Association. Such commendable effort was greatly rewarded by the long spell of fine weather throughout the summer allowing full use of the bath both in and out of school hours, and many children were taught to swim.

Other schools in the County have shown great interest in this project and possibly some of them might embark on similar schemes.

Owing to the lack of facilities throughout the County for children to learn to swim, the Committee might wish to consider adopting a policy that in the larger new secondary schools which would normally be provided with two gymnasia, an instructional swimming bath should be provided instead of a second gymnasium. This, it is understood, is the policy that has been adopted by at least one other authority.

(2) *Games Centres*

In addition to the 9 well-established centres a further centre was opened this year at Yate.

With the exceptionally fine weather continuous throughout the summer, the equipment at all the centres was subject to considerable use. As much of the equipment had already been in use for the past four or five years, it was only to be expected that the losses through wear and tear were very much greater than in previous years.

All the equipment issued was accounted for by the persons in charge and, as in previous years, there was very little evidence of wilful damage.

DOROTHY FAWCETT,

CYRIL RALPH,

Organisers of Physical Education.

SCHOOL CLINICS

Clinics are held at the following centres :—

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Berkeley	High Street	S
	Hospital	E, ENT, O
Bishops Cleeve	Women's Institute	O
Bourton-on-the-Water	County Clinic	S
	Hospital	E
Cheltenham	County Dental Clinic, 1 Royal Well Crescent	D
Chipping Sodbury	Ridgewood	D, E, O, S
Cinderford	17 Station Street	D, E, ENT, O, S
Cirencester	Abbey Way Clinic... ..	S
	The Beeches	D
	Memorial Hospital	E
Coleford	County Clinic	D, E, ENT, O
Dursley	25 Woodmancote Road	D, E, ENT, O, S
Filton	Shield Road	D, E, O, S
Gloucester	19 Bearland	CG, D, M, O
	Langham House, 18 Berkeley Street	S
Kingswood	High Street	D
Lydney	Forest Road	S
	Hospital	E, ENT, O
Moreton-in-Marsh	District Hospital	E
	Redesdale Arms	S
Newent	County Clinic (Picklenash School)	D, O, S
Northleach	Oak House	O
Patchway	Rodway Road	CG, D, S
Prestbury	Women's Institute	O
Soundwell	Soundwell Road, Kingswood	E, M, O
Staple Hill	Morley Road	CG, D, S
Stonehouse	Community Centre	O
Stroud	Trinity Rooms, Field Road	CG, M, O, S
	9 John Street	D
Tewkesbury	County Clinic, Oldbury Road	O, S
	Hospital	E, O
Thornbury	Hospital	E, O, S
	County Dental Clinic, 6 Horseshoe Lane	D
Winchcombe	Women's Institute	O
Winterbourne (Hambrook)	County Clinic (Council School)	D, E, O
Wotton-under-Edge	Sym Lane	D, E, O, S

Cheltenham Excepted District

Central Clinic, Royal Well Road,
(rear of Municipal Offices) ... CG, D, M, O, S

Index to Services

CG ...	Child Guidance	D ...	Dental
E ...	Eye	ENT ...	Ear, Nose, Throat
M ...	Minor Ailments	O ...	Orthopaedic
S ...	Speech		

TABLE I

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)**

A.—Periodic Medical Inspections

Age Groups inspected and Number of Children examined in each :—

Entrants	...	...	...	...	...	...	7,384
10 and 12 years	...	...	...	...	...	...	10,398
14, 15 and 17 years	...	...	...	...	...	...	5,597
Total	...	...	...	...	...	...	23,379
Additional Periodic Inspections*	...	...	...	...	...	...	6,995
Grand Total	...	...	...	...	...	...	30,374

B.—Other Inspections

Number of Special Inspections	...	...	...	...	1,883
Number of Re-inspections	...	...	...	...	8,865
Total	...	...	...	...	10,748

C.—Pupils found to require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

<i>Age Groups Inspected</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Table IIA</i> (3)	<i>Total individual pupils</i> (4)
Entrants	138	1,130	1,081
10 and 12 years	627	1,323	1,705
14, 15 and 17 years	419	657	956
Total	1,184	3,110	3,742
Additional Periodic Inspections*	329	778	973
Grand Total	1,513	3,888	4,715

*E.g., Children at special schools or who missed the usual periodic examination.

TABLE II

A.—Return of Defects found by Medical Inspection in the Year Ended 31st December, 1955

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	323	153	50	9
5	Eyes—(a) Vision ...	1,513	2,521	103	112
	(b) Squint ...	218	384	25	11
	(c) Other ...	168	296	71	12
6	Ears—(e) Hearing ...	140	499	32	51
	(b) Otitis Media ...	81	309	18	15
	(c) Other ...	69	176	45	20
7	Nose or Throat ...	469	2,196	132	193
8	Speech	82	258	18	18
9	Cervical Glands ...	65	957	9	116
10	Heart and Circulation	166	346	8	43
11	Lungs	134	867	26	76
12	Developmental—				
	(a) Hernia ...	42	106	2	2
	(b) Other ...	165	567	9	19
13	Orthopaedic—				
	(a) Posture ...	208	478	31	20
	(b) Flat Foot ...	293	428	23	7
	(c) Other ...	370	971	82	43
14	Nervous system—				
	(a) Epilepsy ...	20	96	7	3
	(b) Other ...	15	182	5	9
15	Psychological—				
	(a) Development	129	692	30	108
	(b) Stability ...	42	346	16	28
16	Other	730	540	89	79

**B.—Classification of the General Condition of Pupils Inspected during the Year
in the Age Groups**

<i>Age Groups Inspected</i>	<i>Number of Pupils Inspected</i>	<i>A (Good)</i>		<i>B (Fair)</i>		<i>C (Poor)</i>	
		<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	7,384	2,750	37.2	4,570	61.9	64	.9
10 and 12 years ...	10,398	3,879	37.3	6,472	62.2	47	.5
14, 15 and 17 years	5,597	2,289	40.7	3,280	58.8	28	.5
Additional Periodic Inspections ...	6,995	2,410	34.5	4,563	65.2	22	.3
Total ...	30,374	11,328	37.3	18,885	62.2	161	.5

TABLE III
INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 166,993
- (ii) Total number of *individual* pupils found to be infested ... 1,796
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... 136
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... 5

TABLE IV
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Group 1.—Diseases of the Skin (excluding uncleanness, for which see Table III)

	<i>Number of Cases treated or under treatment during the year</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Ringworm— (i) Scalp	2	2
(ii) Body	9	1
Scabies	11	—
Impetigo	89	2
Other skin diseases	138	14
Total ...	249	19

Group II.—Eye Diseases, Defective Vision and Squint

	<i>Number of Cases dealt with</i>	
	<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of re- fraction and squint	110	33
Errors of refraction (including squint)	1,338	4,096
Total ...	1,448	4,129
Number of pupils for whom spectacles were		
(a) Prescribed	573	2,041
(b) Obtained... ..	484	1,956

Group III.—Diseases and Defects of Ear, Nose and Throat

	<i>Number of Cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment—		
(a) for diseases of the ear	—	96
(b) for adenoids and chronic tonsilitis	—	1,293
(c) for other nose and throat conditions	—	393
Received other forms of treatment	145	221
Total ...	145	2,003

Group IV.—Orthopaedic and Postural Defects

	<i>Number of Cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
(a) Number treated as in-patients in hospitals	202	
(b) Number treated otherwise, e.g., in clinics or out-patient departments	1,513	476

Group V.—Child Guidance Treatment

	<i>Number of Cases treated</i>	
	<i>in the Authority's Child Guidance Clinics</i>	<i>elsewhere</i>
Number of pupils treated at Child Guidance Clinics	479	—

Group VI.—Speech Therapy

	<i>Number of Cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Number of pupils treated by Speech Therapists	751	—

Group VII.—Other Treatment Given

	<i>Number of Cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Miscellaneous minor ailments	6,315	113
Total	6,315	113

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers :—								
(a)	At Periodic Inspections	...	...	...	...	...	...	28,042
(b)	As Specials	...	...	...	...	...	...	5,724
								<hr/>	
Total (1)								...	33,766
								<hr/>	
(2)	Number found to require treatment	...	...	...	...	...	...	26,990
(3)	Number offered treatment	...	...	...	...	...	...	23,593
(4)	Number actually treated	...	...	...	...	...	...	15,468
(5)	Attendances made by pupils for treatment	...	...	...	...	...	...	35,568
								<hr/>	
(6)	Half days devoted to :	Periodic Inspection	...	...	...	...	...	290
		Treatment	...	...	...	...	...	5,682
								<hr/>	
Total (6)								...	5,972
								<hr/>	
(7)	Fillings :	Permanent Teeth	...	...	...	...	...	26,157
		Temporary Teeth	...	...	...	...	...	2,916
								<hr/>	
Total (7)								...	29,073
								<hr/>	
(8)	Number of teeth filled :	Permanent Teeth	...	...	...	...	...	20,974
		Temporary Teeth	...	...	...	...	...	2,632
								<hr/>	
Total (8)								...	23,606
								<hr/>	
(9)	Extractions :	Permanent Teeth	...	...	...	...	...	3,898
		Temporary Teeth	...	...	...	...	...	20,722
								<hr/>	
Total (9)								...	24,620
								<hr/>	
(10)	Administration of general anaesthetics for extraction						6,294
								<hr/>	
(11)	Other operations :	Permanent Teeth	...	...	...	...	...	7,214
		Temporary Teeth	...	...	...	...	...	1,878
								<hr/>	
Total (11)								...	9,092
								<hr/>	
<i>Addendum—</i>									
	Orthodontic appliances fitted	...	...	...	...	...	...	151
	Partial dentures fitted	...	...	...	...	...	...	129
	Work of Dental Hygienist :								
	Half-days devoted to treatment	...	...	...	...	...	...	305
	Half-days devoted to talks	...	...	...	...	...	...	8
	Attendances for treatment	...	...	...	...	...	...	1,094
	Scalings	...	...	...	...	...	...	530
	Polishings	...	...	...	...	...	...	1,082
	Specialist Anaesthetists' Sessions	...	...	...	...	...	...	107

